



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 22, 2008

GENERAL LETTER NO. 9-E-AP-4

ISSUED BY: Bureau of Collections, Division of Child Support,
Case Management, and Refugee Services

SUBJECT: Employees' Manual, Title 9, Chapter E, Appendix, **CASE SETUP APPENDIX**,
Contents (page 1), revised; pages 1 and 7 through 13, revised; pages 14 through
17, new; and the following forms:

470-2562	<i>Emancipation Verification</i> , revised
470-2682	<i>Case Status Report (Payee)</i> , updated
470-3521	<i>Enrollment Verification</i> , revised
470-3877	<i>Child Support Information</i> , new
470-3929	<i>Establishment Questionnaire</i> , new

Summary

This chapter is revised to:

- ◆ Change the terms "obligor" to "payor" throughout.
- ◆ Change the terms "obligee" to "payee" throughout.
- ◆ Update form 470-2562, *Emancipation Verification*, and form 470-3521, *Enrollment Verification*, to simplify the questions.
- ◆ Update form 470-2682, *Case Status Report (Payee)*, to change the terms "obligor" to "payor."
- ◆ Add forms 470-3877, *Child Support Information*, and form 470-3929, *Establishment Questionnaire*, which are used to get case information from the PA or NPA payee, respectively, that is needed to proceed with administrative establishment of paternity and support.
- ◆ Update the table of case types and groups used to enter court orders on the Iowa Collection and Reporting system.
- ◆ Update the table to provide information on Oklahoma and South Dakota's treatment of child care obligations.
- ◆ Provide a list of countries and Canadian provinces with which the United States or Iowa has reciprocity.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 9, Chapter E, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 19, 2003
1	April 20, 2004
470-2562	6/99
7, 8	July 11, 2000
470-2682	7/90
470-3521	6/99
9-12	July 11, 2000
13	April 20, 2004

Additional Information

Refer questions about this general letter to your regional collections administrator.

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INDEX OF SCREENS IN CHAPTER

This is a guide to assist you in quickly locating the description of each screen referenced in the [CASE SETUP](#) chapter.

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Iowa Department of Human Services
Emancipation Verification

Date:
Case Number:

Dear Parent of _____ :

We are writing to confirm when support for your child should end. A letter is also being mailed to the other parent. Currently our files show that child support for _____ may end as of _____'s 18th birthday.

Your court order says when the child's support and health insurance may end. The order may list conditions that allow support to continue after age 18. We need your help to determine if _____ meets the conditions to end support.

Please answer the questions on the following page about _____.
By answering these questions, you give us the information we need to determine when the obligation ends.

Within 10 days, please complete and return page two to the address listed below.

If you have questions about this letter, please call either:
1-888-229-9223 (within the United States)
1-515-242-5530 (within the Des Moines Metro Area or outside the United States)

Child Support Recovery

Case Number:

Child Name:

1. Has your child completed high school?

If **yes**, list the date.

If **no**, when will your child complete high school?

List the name of the high school.

List the phone number of the high school.

List the address of the high school.

☐ **Yes** ☐ **No**

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

2. Did your child leave high school without finishing?

If **yes**, list the date.

List the name of the high school.

List the phone number of the high school.

List the address of the high school.

☐ **Yes** ☐ **No**

Month _____ Day _____ Year _____

3. Is your child being home-schooled?

If **yes**, when will your child complete high school?

List the name of the certified teacher.

List the address of the high school.

List the phone number of the certified teacher.

☐ **Yes** ☐ **No**

Month _____ Day _____ Year _____

4. Has your child married?

If **yes**, when was the ceremony?

List the city and state where the ceremony took place.

☐ **Yes** ☐ **No**

Month _____ Day _____ Year _____

5. Did your child leave school and join the military?

If **yes**, list the date.

☐ **Yes** ☐ **No**

Month _____ Day _____ Year _____

6. Has your child been accepted into a college, university or vocational program?

List the name of the college, university, or vocational program.

List the address of the college, university, or vocational program.

☐ **Yes** ☐ **No**

7. Is your child a full-time student at a college, university, or vocational program?

List the name of the college, university, or vocational program.

List the address of the college, university, or vocational program.

☐ **Yes** ☐ **No**

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature: _____ Date: _____

470-2681, Case Status Report (Payor)

Purpose	Form 470-2681 is used to inform the payor as to the status of the case and to obtain up to date information from the payor.
Source	ICAR automatically generates this form when a “Y” is entered in the GEN STATUS field on the PAYOR screen.
Distribution	Send a copy to the payor’s last known verified address.
Data	ICAR requires you to enter a narrative explaining the current status of the case.

470-2682, Case Status Report (Payee)

Purpose	Form 470-2682 is used to inform the payee as to the status of the case and to obtain up to date information from the payee.
Source	ICAR automatically generates this form when a “Y” is entered in the GEN STATUS field on the PAYEE screen.
Distribution	Send a copy to the payor’s last known verified address.
Data	ICAR requires you to enter a narrative explaining the current status of the case.

Iowa Department of Human Services
CASE STATUS REPORT

Date: ____ - ____ - ____

Case Number: _____

RE: _____

Dear _____
,

This notice is to inform you of the current status of your case with the Child Support Recovery Unit regarding the payor named above. Any changes in information or in actions taken since the last status report sent to you are indicated below:

The Child Support Recovery Unit will continue its efforts to obtain support on behalf of your family and to keep you advised of our progress. Should you become aware of any new information regarding the responsible person, such as a change of address or employment, please write to the local child support office listed below.

Sincerely,

Iowa Department of Human Services
Enrollment Verification

Date: ____ / ____ / ____
Child: _____
Payee: _____

The Child Support Recovery Unit is responsible for collecting and distributing child support payments. We understand the child listed above may be enrolled as a student in your facility, and we need to verify the child's educational status.

Please provide us with the following information:

1. Is this child engaged full time in completing high school graduation or equivalency requirements in a manner which is reasonably expected to result in completion of the requirements prior to the child reaching nineteen years of age? ☐ Yes ☐ No

If **yes**, what is the expected completion date?

Month ____ Day ____ Year ____

If **no**, when was the child last engaged full time in completing high school graduation or equivalency requirements?

Month ____ Day ____ Year ____

2. Is the child home-schooled? ☐ Yes ☐ No

List the name of the child's certified teacher.

List the phone number or address of the child's certified teacher.

Signature of Person Providing Information	
Title	Date

Thank you for supplying this information. If you have any questions please contact: 1-888-229-9223 (within the United States) or 515-242-5530 (in the Des Moines metro area or outside the US.)

470-3521, Enrollment Verification

Purpose	Form 470-3521 is used to verify the child's schooling status.
Source	ICAR generates this letter through a batch process.
Completion	To generate this letter to verify the schooling status of the child, enter a "Y" in the SCHOOL field on the CHILD screen.
Distribution	This letter is sent directly to the school the child is attending. If the child is being home-schooled, a letter may be sent to the certified teacher who reviews the progress of the child.
Data	<p>The form ask the school to provide the child's:</p> <ul style="list-style-type: none">◆ Enrollment status.◆ Graduation date or date of last school attendance.◆ Home-schooling status.◆ Certified teacher.

470-3877, Child Support Information

Purpose	Use form 470-3877, <i>Child Support Information</i> , to get case information from the payee needed to proceed with administrative establishment of paternity and support.
Source	Enter a “Y” in the QUEST field on the CASE screen to generate this form the first time or an “R” to regenerate it.
Completion	<p>Complete this form when you open a new PA case and you do not already have this information from other sources.</p> <p>ICAR automatically enters some data into this form and you must enter the rest of the data. The payee completes the remainder of the form and signs it.</p>
Distribution	<p>Send this form by first-class mail to the payee. Keep a copy of the signed and completed form in the case file.</p> <p>If the payee is a non-parental caretaker, send one form to the payee (or the mother if address known). Keep a copy of the signed and completed form in both of the parents’ case file.</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ Current date.◆ Case number.◆ Payee’s name and address.◆ Worker ID.◆ If the payee is a non-parental caretaker.◆ Unit’s address.◆ Child(ren)’s names.◆ Date payee needs to return form.◆ Payor’s name. <p>The worker enters the following information:</p> <ul style="list-style-type: none">◆ Second case number.◆ If the payee is the mother.◆ If the payee is the father.◆ If paternity is not established for any child.◆ Second parent’s name.

Iowa Department of Human Services
Child Support Information

Child Support Recovery Unit

Case Number(s): _____

Worker Number: _____

Date Prepared: _____

Why do we need this information from you?



The Child Support Recovery Unit (Unit) uses the information you provide to help you get support for your family. We have some information but not all of what we need. The Unit can use the information to establish who is the legal father, get court-ordered support, and work to make sure support is paid. We can do a better job to help you if you give us as much information as you can. Also, if you are applying for FIP or Medicaid, you are required to cooperate in establishing paternity; in establishing or enforcing child or medical support; or in enforcing spousal support.

Instructions

1. Read **ALL** the instructions.
2. Read the list of *Rights and Responsibilities* on page #2.
3. Complete the form with black ink. Please provide as much information as you can.
4. Sign the form. The signature box is on the bottom of this page.
5. By _____, mail or take the form to the above address:

Your Signature

Please sign and date the form in black ink using the boxes below.

I certify under penalty of perjury and according to the laws of the state of Iowa that the following statements made and the information given in this form are true and correct to the best of my knowledge and belief.

Sign Here:



Date:

Rights and Responsibilities

- I am responsible for giving true and correct information to the best of my knowledge and belief.
- By signing this form, I understand that the Unit can take any necessary legal action to establish, modify and enforce a support obligation.
- I must cooperate with the Unit in securing or enforcing support payments owed by a responsible person or, if I receive only Medicaid, to cooperate in establishing paternity and securing medical support.
- I understand that listing Social Security Numbers for myself and my children is voluntary according to 42 USC 405(c)(2)(C). The Unit requests these social security numbers according to 42 USC 654 and 666 and Iowa Code Chapter 252B. The Unit uses these social security numbers to establish, modify or enforce child support or medical support, or to establish paternity or for other child support program purposes, as provided by federal statutes at 42 USC 654A(d) and Title IV-D of the Social Security Act. The numbers may become known to the other parent and to others as a result of these actions and purposes. The federal Privacy Act, 5 USC 552a note (1) requires the Unit to notify you of the possible disclosure and use of social security numbers.
- I understand that the Unit has the authority to close my case according to 441 Iowa Administrative Code 95.14. If I ask, I may receive a copy of that information. I understand I have a right to ask for a hearing to appeal the closing of my case. If I appeal, I must make a written request within 30 days of the action that I am appealing, to the Department of Human Services-Appeals Section, 5th Floor, 1305 East Walnut, Des Moines, IA 50314-0114.
- I understand that I am personally liable to return any support I receive that the Unit pays to me in error. This includes money that the Unit must return to the Internal Revenue Service or the Iowa Department of Revenue and Finance.
- I understand that the Unit treats information about people who receive child support services, including their address, as confidential. However, information may become known as a part of court actions to establish or enforce support. Sometimes the court may order the Unit to release confidential information.
- I understand that if my application is approved for FIP, any support payment I am entitled to receive is assigned and paid to the Department of Human Services up to the amount of the benefits I receive. I understand that if my application is approved for Medicaid, support payments intended for medical expenditures are assigned and paid to the Department of Human Services up to the amount of the benefits I receive. I understand that the Department may intervene, according, but not limited to, Iowa Code Chapters 252A, 252B, 252C, 252D, 252E, 598, 600B, to make claim and secure support from any person or party who may be responsible for my support or that of my children. I understand that if I receive Medicaid, but not FIP, the Department may pursue support for myself and my children unless I notify the Department that I don't want services unrelated to medical support. Medical support services include the establishment of paternity and the establishment and enforcement of medical support.

Statement of Nondiscrimination

DHS will not discriminate against you on the following basis:

- | | | | | |
|-------------------|---------------------|---------|--------------|-------|
| • Age | • Color | • Creed | • Disability | • Sex |
| • National Origin | • Political Beliefs | • Race | • Religion | |

If you feel we have discriminated, you can ask for a Discrimination Complaint form from any DHS office or the DHS Diversity Program Unit. To file a complaint of discrimination, you may also write any of the addresses below. If you need help, you may call your county DHS office.

Iowa Department of Human Services
Diversity Programs Unit 1st Fl
1305 E Walnut
Des Moines IA 50319-0114

Iowa Civil Rights Commission
400 E 14th St
Des Moines IA 50319-1004

U.S. Department of Health and Human Services
Office for Civil Rights Region VII
601 E 12 St Rm 248
Kansas City MO 64106-2808

Child Support Information

Case Number(s)

SECTION #1: Tell us about you and the child(ren).

Your Full Name:	First: _____ Middle: _____ Last: _____	Your Social Security Number:	
Your Address:	Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	Your Daytime Telephone Number:	

Is another state working to get support for your family? ☐ Yes ☐ No ☐ Don't Know If yes, what state? _____

Are you now or have you received FIP, ADC, or TANF benefits with these children? ☐ Yes ☐ No If yes, what state? _____

Are you now or have you received Medicaid (Title 19) benefits with these children? ☐ Yes ☐ No If yes, what state? _____

If you receive Medicaid only and not FIP, do you want the Unit to get an order for cash child support for you? ☐ Yes ☐ No

☐ **Answer these questions only if you are the child's parent:**

What is your current marital status: ☐ Single ☐ Married ☐ Divorced

If you are married or divorced, who is your (ex)spouse? _____

Date of marriage: ____/____/____ Married at (county/state): _____

Date of divorce: ____/____/____ Divorced at (county/state): _____

☐ If Mom is the payee:

What is your maiden name? _____

Are you pregnant now? ☐ Yes ☐ No If yes, by whom? _____ Due date: ____/____/____

	Child's Full Name (first, middle, last)	Child's Gender	Date of Birth/ Social Security #	Are you this child's parent?
1 →	First: _____ Middle: _____ Last: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB _____ SS#: ____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, list your relationship: _____
	Place of Birth: _____, _____ City, State			
	Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending	If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____		
2 →	First: _____ Middle: _____ Last: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB _____ SS#: ____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, list your relationship: _____
	Place of Birth: _____, _____ City, State			
	Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending	If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____		
3 →	First: _____ Middle: _____ Last: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB _____ SS#: ____-____-____	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, list your relationship: _____
	Place of Birth: _____, _____ City, State			
	Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending	If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____		

Include additional sheets if you ☐ care for ☐ have more children.

Child Support Information

Case Number(s)

SECTION #2: Tell us about any court orders for child support, medical support, or alimony.

Do you know of any court orders that establish paternity or for a parent to provide support for the children? ☐ Yes ☐ No

If yes, complete this section and provide copies of the court orders. If no, skip this section and go to section #3.

		Court Order #1 ↓	Court Order #2 ↓	Court Order #3 ↓
1	Court order number			
2	State or country			
3	County			
4	Name of the person ordered to pay support.			
5	Name of the child(ren) listed in this court order.			

SECTION #3: Tell us about the ☐ parents (if caretaker case) ☐ mother (if Dad is payee) ☐ father (if Mom is payee).

1	Full name of the parent (correct if necessary)	Parent #1 First: _____ Middle: _____ Last: _____ ↓	Parent #2 First: _____ Middle: _____ Last: _____ ↓
2	Marital status of this parent <input type="checkbox"/> Single, Never Been Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married Maiden name if applicable _____ If married, spouse's name _____		
3	Children of this parent		
4	Nicknames or aliases		
5	Social security number		
6	Sex		
7	Eye color		
8	Race		
9	Weight		
10	Height		
11	Hair color		
12	Special features (scars, marks, tattoos):		
13	Date of birth (If not sure, approximate age)	____/____/____ or Age: ____	____/____/____ or Age: ____
14	Place of birth: city, state		

Child Support Information

Case Number(s)

15	Name of this person's parents and address:	Father's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____ Mother's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____	Father's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____ Mother's Name: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____
16	Why are you not living with this parent?	<input type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> I care for the child, but I'm not the child's parent.	<input type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> I care for the child, but I'm not the child's parent.
17	What is your relationship to this parent?		
18	If you marked "Death" in line #16:	Date of Death: _____ State: _____ County: _____	Date of Death: _____ State: _____ County: _____
19	Current or last known address: If this parent lives with someone, list their name and relationship:	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____ Lives With: _____	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____ Lives With: _____
20	Home or cell phone number of this parent:	() _____ - _____	() _____ - _____
21	Is this parent employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
22	If yes, where? If no, list last known employer.	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Employer Name: _____ Address: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Employer Name: _____ Address: _____ City: _____ State: _____ ZIP: _____
23	What is this parent's current or last known occupation?	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Occupation: _____	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Occupation: _____
24	Other sources of income (Unemployment, Veterans Benefits, Social Security Disability, Social Security Ins., etc)		
25	Is this parent currently or has this parent ever been in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what branch? _____ Rank? _____ Name of the installation or base & address: _____ From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what branch? _____ Rank? _____ Name of the installation or base & address: _____ From: _____ To: _____
26	Has this parent ever received a public assistance grant or food stamps or been on Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which state(s)? _____ Start: _____ End: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which state(s)? _____ Start: _____ End: _____
27	Is this parent in jail or prison? Has this parent ever been in jail or prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which City: _____ State: _____ Start: _____ End: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, which City: _____ State: _____ Start: _____ End: _____

Child Support Information

Case Number(s)

		Parent #1 First: _____ Middle: _____ Last: _____	Parent #2 First: _____ Middle: _____ Last: _____
28	Please tell us about people who might know where this parent is:	Name: _____ Relationship: _____ Phone Number: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____	Name: _____ Relationship: _____ Phone Number: _____ Address: _____ Apt. _____ City: _____ State: _____ ZIP: _____
29	Other information that might help locate this parent (where does the parent spend time, names of friends, etc.):		

SECTION #4: Do you have an attorney establishing or modifying a court order for support? ☐ Yes ☐ No If no, skip this section and go to section #5.

1	Attorney's Name	
2	Attorney's Address & Telephone Number	

SECTION #5: Give us information to see if Iowa has legal jurisdiction over the ☐ **mother** ☐ **father.** Complete this section if you answered No to Section #2 or if you answered Yes to section #2, but not all of the children are covered by a court order. Only complete this section for children not covered by a court order.

		_____ _____	_____ _____	_____ _____
1	If the child was born in Iowa, will the <input type="checkbox"/> mother <input type="checkbox"/> father sign a paternity affidavit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2	Could <input type="checkbox"/> the mother <input type="checkbox"/> you have gotten pregnant in Iowa because <input type="checkbox"/> the parents <input type="checkbox"/> you and the mother <input type="checkbox"/> you and the father had sexual intercourse in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____
	If yes, you think this is true because intercourse took place between these dates:	From: _____/_____ Month/ Year To: _____/_____ Month/ Year	From: _____/_____ Month/ Year To: _____/_____ Month/ Year	From: _____/_____ Month/ Year To: _____/_____ Month/ Year
3	Was this child sent to live in Iowa or does the child still stay in Iowa because of the words or actions of the <input type="checkbox"/> mother <input type="checkbox"/> father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:
4	Did the <input type="checkbox"/> mother <input type="checkbox"/> father ever live in Iowa with the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	During this time, did the <input type="checkbox"/> mother <input type="checkbox"/> father help with expenses for this child before or after	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____

Child Support Information

Case Number(s)

	birth?			
5	Is there a time/place that the <input type="checkbox"/> mother <input type="checkbox"/> father can be served legal papers in Iowa by a sheriff or process server?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____
	Do you think the <input type="checkbox"/> mother <input type="checkbox"/> father will sign a form allowing the Unit to mail the legal papers to <input type="checkbox"/> her <input type="checkbox"/> him instead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
6	Do you think the child's <input type="checkbox"/> mother <input type="checkbox"/> father will cooperate in getting an order here in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why? _____
7	Did <input type="checkbox"/> you <input type="checkbox"/> the father file a declaration of paternity with the Paternity Registry stating that <input type="checkbox"/> you are <input type="checkbox"/> he is the child's father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

☐ If payee is caretaker or the father

SECTION #6: Give us information to see if Iowa has legal jurisdiction over the children's mother. Complete this section if you answered No to Section #2 or if you answered Yes to section #2, but not all of the children are covered by a court order. Only complete this section for children not covered by a court order.

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
1	If the child was born in Iowa, will the <input type="checkbox"/> mother sign a paternity affidavit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2	Was the child sent to live in Iowa or does the child still stay in Iowa because of the words or actions of the mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____
3	Did the mother ever live in Iowa with the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	During this time, did the mother help with expenses for this child before or after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? _____ From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? _____ From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? _____ From: _____ to: _____
4	Is there a time/place that the mother can be served legal papers in Iowa by a sheriff or process server?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State _____ Zip _____

Child Support Information

Case Number(s)

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
	Do you think the mother will sign a form allowing the Unit to mail the legal papers to her instead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
5	Do you think the child's mother will cooperate in getting an order here in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

☐ If seeking order to establish paternity

SECTION #7: Tell us about the birth of the children. Complete this section only if you answered No to Section#2 and legal paternity is not established for any of the children or if you answered Yes to Section #2 but legal paternity is not established for some of the children. Only complete this section for children that do not have paternity legally established.

☐ I am not the parent but have completed the information below that I know.

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
1	Approximate date <input type="checkbox"/> the mother <input type="checkbox"/> you got pregnant.			
2	Was the pregnancy full term?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late
3	What was the length of the relationship between <input type="checkbox"/> the mother and father <input type="checkbox"/> you and the mother <input type="checkbox"/> you and the father?	From: _____/_____ Month Year To: _____/_____ Month Year	From: _____/_____ Month Year To: _____/_____ Month Year	From: _____/_____ Month Year To: _____/_____ Month Year
4	Where did the father live when <input type="checkbox"/> the mother <input type="checkbox"/> you got pregnant?	Address: _____ Apt: _____ City _____ State _____ Zip _____	Address: _____ Apt: _____ City _____ State _____ Zip _____	Address: _____ Apt: _____ City _____ State _____ Zip _____
5	Did <input type="checkbox"/> the mother <input type="checkbox"/> you inform the father that <input type="checkbox"/> she was <input type="checkbox"/> you were pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Was the father at the delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Has the father admitted he is the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____
8	Do you have pictures of the child and father (separately &/or together)? If yes, provide copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you have letters, cards, etc. from the father showing he acknowledges he is the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Does the father visit the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____

Child Support Information

Case Number(s)

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
11	Do you know of any other man who could be the father of this child because <input type="checkbox"/> the mother <input type="checkbox"/> you had sexual intercourse with another man within 30 days before or after the time <input type="checkbox"/> the mother <input type="checkbox"/> you became pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

Iowa Department of Human Services
Establishment Questionnaire

Child Support Recovery Unit

Case Number(s): _____

Worker Number: _____

Date Prepared: _____

Why do we need this information from you?



The Child Support Recovery Unit (Unit) uses the information you provide to help you get support for your family. We have some information but not all of what we need. The Unit can use this information to establish who is the legal father, get court-ordered support, and work to make sure support is paid. We can do a better job to help you if you give us as much information as you can.

Instructions

1. Read **ALL** the instructions.
2. Complete the form with black ink. Please provide as much information as you can.
3. Sign the form. The signature box is on the bottom of this page.
4. By _____, mail or take the form to the above address.

Your Signature

Please sign and date the questionnaire in black ink using the boxes below.

I certify under penalty of perjury and according to the laws of the state of Iowa that the following statements made and the information given in this questionnaire are true and correct to the best of my knowledge and belief.

Sign Here:



Date:

Establishment Questionnaire

Case Number(s): _____

SECTION #1: Tell us about you and the child(ren). Please change information if incorrect.

Your Name:	First: Middle: Last:	Your Social Security Number:	
Your Address:		Your Daytime Telephone Number:	

Is another state working to get support for your family? ☐ Yes ☐ No ☐ Don't Know If yes, what state? _____

Have you ever received FIP, ADC, or TANF benefits with these children? ☐ Yes ☐ No If yes, what state? _____

Have you ever received Medicaid (Title 19) benefits with these children? ☐ Yes ☐ No If yes, what state? _____

☐ If payee is the mother

What is your current marital status: ☐ Single ☐ Married ☐ Divorced

If you are married or divorced, who is your (ex)spouse? _____

Date of marriage: ____/____/____ Married at (county/state): _____

Date of divorce: ____/____/____ Divorced at (county/state): _____

What is your maiden name? _____

Are you pregnant now? ☐ Yes ☐ No If yes, by whom? _____

What is your due date? ____/____/____

	Child's Full Name (first, middle, last)	Legal Paternity Information
1 →	First: _____ Middle: _____ Last: _____	Name of child's father: _____ Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____
2 →	First: _____ Middle: _____ Last: _____	Name of child's father: _____ Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____
3 →	First: _____ Middle: _____ Last: _____	Name of child's father: _____ Is paternity legally established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Action Pending If yes, by: <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Order <input type="checkbox"/> Marriage (Date _____) <input type="checkbox"/> Adoption Date paternity was established: _____ Where (city & state): _____, _____

Establishment Questionnaire

Case Number(s): _____

1	Do you have an attorney who is working on establishing paternity for any child(ren) listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: County _____ State _____ Attorney Name _____ Attorney's Phone _____ Attorney's Address _____ City _____ State _____ Zip _____ List names of children covered under this pending action: _____ _____
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.	

SECTION #2: Tell us about the ☐ parents (if caretaker case) ☐ mother (Dad is payee) ☐ father (Mom is payee).

1	Full name of the parent	First: Middle: Last:	↓	First: Middle: Last:	↓
2	Marital status of this parent If married, spouse's name _____	<input type="checkbox"/> Single, Never Been Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married _____ _____		<input type="checkbox"/> Single, Never Been Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married _____ _____	
3	Children of this parent				
4	This parent's place of birth	City: _____ State: _____		City: _____ State: _____	
5	Name of this person's parents and address:	Father's Name: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____ Mother's Name: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____		Father's Name: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____ Mother's Name: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	
6	Why are you not living with this parent?	<input type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> I care for the child, but I'm not the child's parent.		<input type="checkbox"/> Never Married <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> I care for the child, but I'm not the child's parent.	
7	Please complete if you marked "Death" in line #6:	Date of Death: _____ State: _____ County: _____		Date of Death: _____ State: _____ County: _____	
8	If this parent lives with someone, list their name and relationship:	Lives With: _____		Lives With: _____	
9	Home or cell phone number of this parent	Home Number () _____ - _____ Cell Phone Number () _____ - _____		Home Number () _____ - _____ Cell Phone Number () _____ - _____	
10	What is this parent's current or last known occupation?	<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Occupation: _____		<input type="checkbox"/> Current OR <input type="checkbox"/> Last Known Occupation: _____	
11	Is this parent currently or has this parent ever been in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what branch? _____ Rank? _____ Name of the installation or base & address: _____ From: _____ To: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, what branch? _____ Rank? _____ Name of the installation or base & address: _____ From: _____ To: _____	

Establishment Questionnaire

Case Number(s): _____

12	Has this parent ever received a public assistance grant or food stamps or been on Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		If yes, which state(s)? _____ Start: _____ End: _____	If yes, which state(s)? _____ Start: _____ End: _____

SECTION #3: Give us information to see if Iowa has legal jurisdiction over the children's ☐ father ☐ mother.

		_____ ↓ _____ ↓ _____ ↓	_____ ↓ _____ ↓ _____ ↓	_____ ↓ _____ ↓ _____ ↓
1	Child's birthplace	City: _____ State: _____ County: _____	City: _____ State: _____ County: _____	City: _____ State: _____ County: _____
	If the child was born in Iowa, will the <input type="checkbox"/> mother <input type="checkbox"/> father sign a paternity affidavit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2	Could <input type="checkbox"/> the mother <input type="checkbox"/> you have gotten pregnant in Iowa because <input type="checkbox"/> the parents <input type="checkbox"/> you and the mother <input type="checkbox"/> you and the father had sexual intercourse in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If no, where (city & state)? _____
	If yes, you think this is true because intercourse took place between these dates:	From: _____ / _____ Month/ Year To: _____ / _____ Month/ Year	From: _____ / _____ Month/ Year To: _____ / _____ Month/ Year	From: _____ / _____ Month/ Year To: _____ / _____ Month/ Year
3	Was this child sent to live in Iowa or does the child stay in Iowa because of the words or actions of the <input type="checkbox"/> mother <input type="checkbox"/> father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe: _____
4	Did the <input type="checkbox"/> mother <input type="checkbox"/> father ever live in Iowa with the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	During this time, did the <input type="checkbox"/> mother <input type="checkbox"/> father help with expenses for this child before or after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____
5	Is there a time/place that the <input type="checkbox"/> mother <input type="checkbox"/> father can be served legal papers in Iowa by a sheriff or process server?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? Where (city & place)? Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? Where (city & place)? Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? Where (city & place)? Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	Do you think the <input type="checkbox"/> mother <input type="checkbox"/> father will sign a form allowing the Unit to mail the legal papers to <input type="checkbox"/> him <input type="checkbox"/> her instead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Establishment Questionnaire

Case Number(s): _____

6	Do you think the child's <input type="checkbox"/> mother <input type="checkbox"/> father will cooperate in getting an order here in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?
7	Did the <input type="checkbox"/> you <input type="checkbox"/> the father file a declaration of paternity with the Paternity Registry stating that <input type="checkbox"/> you are <input type="checkbox"/> he is the child's father?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

☐ If caretaker case

SECTION #4: Give us information to see if Iowa has legal jurisdiction over the children's mother.

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
1	If the child was born in Iowa, will the mother sign a paternity affidavit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2	Was this child sent to live in Iowa or does the child still stay in Iowa because of the words or actions of the mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, Describe:
3	Did the mother ever live in Iowa with the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know From: _____ to: _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	During this time, did the mother help with expenses for this child before or after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, when? From: _____ to: _____
4	Is there a time/place that the mother can be served legal papers in Iowa by a sheriff or process server?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, when? _____ Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
	Do you think the mother will sign a form allowing the Unit to mail the legal papers to her instead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
5	Do you think the child's mother will cooperate in getting an order here in Iowa?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes or no, why?
Include additional sheets if you <input type="checkbox"/> care for <input type="checkbox"/> have more children.				

Establishment Questionnaire

Case Number(s): _____

☐ If seeking order to establish paternity

SECTION #5: ☐ Tell us about the birth of your children. Complete this section only for your children who do not have paternity legally established.

☐ Tell us about the birth of the children. Complete the questions to the best of your ability. Only complete this section for the children who do not have paternity legally established.

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
1	Approximate date <input type="checkbox"/> the mother <input type="checkbox"/> you got pregnant.			
2	Was the pregnancy full term?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of weeks _____ <input type="checkbox"/> early <input type="checkbox"/> late
3	What was the length of the relationship between <input type="checkbox"/> the mother and father <input type="checkbox"/> you and the mother <input type="checkbox"/> you and the father?	From: _____/_____ Month Year To: _____/_____ Month Year	From: _____/_____ Month Year To: _____/_____ Month Year	From: _____/_____ Month Year To: _____/_____ Month Year
4	Where did the father live when <input type="checkbox"/> the mother <input type="checkbox"/> you got pregnant?	Address: _____ Apt: _____ City _____ State _____ Zip _____	Address: _____ Apt: _____ City _____ State _____ Zip _____	Address: _____ Apt: _____ City _____ State _____ Zip _____
5	Did <input type="checkbox"/> the mother <input type="checkbox"/> you inform the father that <input type="checkbox"/> she was <input type="checkbox"/> you were pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Was the father at the delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, was he informed of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Has the father admitted he is the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason given? _____
8	Do you have pictures of the child and father (separately &/or together)? If yes, provide copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you have letters, cards, etc. from the father showing he acknowledges he is the father?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Does the father visit the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: _____

Establishment Questionnaire

Case Number(s): _____

		_____ ↓ _____	_____ ↓ _____	_____ ↓ _____
11	Do you know of any other man who could be the father of this child because <input type="checkbox"/> the mother <input type="checkbox"/> you had sexual intercourse with another man within 30 days before or after the time <input type="checkbox"/> the mother <input type="checkbox"/> you became pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who? First Name: _____ Middle Name: _____ Last Name: _____ Address: _____ Apt: _____ City: _____ State: _____ ZIP: _____

Include additional sheets if you ☐ care for ☐ have more children.

Statement of Nondiscrimination

DHS will not discriminate against you on the following basis:

- Age
- Color
- Creed
- Disability
- Sex
- National Origin
- Political Beliefs
- Race
- Religion

If you feel we have discriminated, you can ask for a Discrimination Complaint form from any DHS office or the DHS Diversity Program Unit. To file a complaint of discrimination, you may also write any of the addresses below. If you need help, you may call your county DHS office.

Iowa Department of Human Services
 Diversity Programs Unit 1st Fl
 1305 E Walnut
 Des Moines IA 50319-0114

Iowa Civil Rights Commission
 400 E 14th St
 Des Moines IA 50319-1004

U.S. Department of Health and Human Services
 Office for Civil Rights Region VII
 601 E 12 St Rm 248
 Kansas City MO 64106-2808

470-3929, Establishment Questionnaire

Purpose	Use form 470-3929, <i>Establishment Questionnaire</i> , to get case information from the payee needed to proceed with administrative establishment of paternity and support.
Source	Enter a “Y” in the QUEST field on the CASE screen to generate this form the first time or an “R” to regenerate it.
Completion	<p>Complete this form when you open a new NPA case and you do not already have this information from other sources.</p> <p>ICAR automatically enters some data into this form and you must enter the rest of the data. The payee completes the remainder of the form and signs it.</p>
Distribution	<p>Send this form by first-class mail to the payee. Keep a copy of the signed and completed form in the case file.</p> <p>If the payee is a non-parental caretaker, send one form to the payee (or the mother if address known). Keep a copy of the signed and completed form in both of the parents’ case file.</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ Current date.◆ Case number.◆ Payee’s name and address.◆ Worker ID.◆ If the payee is a non-parental caretaker.◆ Unit’s address.◆ Child(ren)’s names.◆ Payee’s SSN.◆ Payee’s telephone number.◆ Date payee needs to return form.◆ Payor’s name.

The worker enters the following information:

- ◆ Second case number.
- ◆ If the payee is the mother.
- ◆ If the payee is the father.
- ◆ If paternity is not established for any child.
- ◆ Second parent's name.

CASE TYPE/GROUP CODE TABLE

Use this table to determine the appropriate case type and first two characters of the group code for entry of Iowa court order numbers in the ICIS C.O. NUMBER field on the HEADER and COURTORD screens. All counties use a combination of DRCV, DREQ and DRCI, while other combinations of these codes are unique to each county.

County	Uniform Support US	Equity EQ	Domestic Abuse DA	Civil Docket CD	Juvenile JV
1 Adair	CV	CV	CV	DM	JV
2 Adams	CV	CV	CV	DM	JV
3 Allamakee	US	CV	CV	DM	JV
4 Appanoose	EQ	EQ	EQ	CV	JV
5 Audubon	CV	CV	CV	DM	JV
6 Benton	CV	CV	DA	DM	JV
7 Black Hawk	US	CV	CV	DM	JV
8 Boone	CV	CV	CV	DM	JV
9 Bremer	CV	CV	CV	DM	JV
10 Buchanan	US	CV	CV	DM	JV
11 Buena Vista	CV	CV	CV	CD	JV
12 Butler	CV	CV	CV	DM	JV
13 Calhoun	CV	CV	CV	DM	JV
14 Carroll	CV	CV	CV	DM	JV
15 Cass	CV	CV	CV	DM	JV
16 Cedar	CV	CV	CV	CD	JV
17 Cerro Gordo	CV	CV	CV	DM	JV
18 Cherokee	CV	CV	CV	CD	JV
19 Chickasaw	US	CV	CV	DM	JV
20 Clarke	CV	CV	CV	DM	JV
21 Clay	CV	CV	CV	CD	JV
22 Clayton	US	CV	CV	DM	JV
23 Clinton	CV	CV	CV	CV	JV
24 Crawford	CV	CV	CV	CD	JV
25 Dallas	US	CV	DA	DM	JV
26 Davis	EQ	EQ	EQ	CV	JV
27 Decatur	CV	CV	CV	DM	JV
28 Delaware	US	CV	CV	DM	JV
29 Des Moines	EQ	EQ	EQ	CV	JV

CASE TYPE/GROUP CODE TABLE

Iowa Department of Human Services
Title 9 Child Support Administration and Location
Chapter E Case Setup Appendix

February 22, 2008

County	Uniform Support US	Equity EQ	Domestic Abuse DA	Civil Docket CD	Juvenile JV
30 Dickinson	US	CV	CV	CD	JV
31 Dubuque	US	CV	CV	DM	JV
32 Emmet	CV	CV	CV	CD	JV
33 Fayette	US	CV	CV	DM	JV
34 Floyd	CV	CV	CV	DM	JV
35 Franklin	CV	CV	CV	DM	JV
36 Fremont	CV	CV	CV	DM	JV
37 Greene	CV	CV	CV	DM	JV
38 Grundy	CV	CV	CV	DM	JV
39 Guthrie	CV	CV	CV	DM	JV
40 Hamilton	CV	CV	CV	DM	JV
41 Hancock	CV	CV	CV	DM	JV
42 Hardin	CV	CV	CV	DM	JV
43 Harrison	CV	CV	CV	DM	JV
44 Henry	EQ	EQ	EQ	CV	JV
45 Howard	US	EQ	CV	DM	JV
46 Humboldt	CV	CV	CV	DM	JV
47 Ida	CV	CV	CV	CD	JV
48 Iowa	CV	CV	DA	DM	JV
49 Jackson	CV	CV	CV	CD	JV
50 Jasper	CV	CV	CV	CD	JV
51 Jefferson	EQ	EQ	EQ	CV	
52 Johnson	CV	CV	DA	DM	JV
53 Jones	CV	CV	DA	DM	JV
54 Keokuk	EQ	EQ	EQ	CV	JV
55 Kossuth	CV	CV	CV	CV	JV
56 Lee	EQ	EQ	EQ	CV	JV
57 Linn	CV	CV	DA	DM	JV
58 Louisa	EQ	EQ	EQ	CV	JV
59 Lucas	CV	CV	CV	DM	JV
60 Lyon	CV	CV	CV	CD	JV
61 Madison	CV	CV	CV	DM	JV
62 Mahaska	EQ	EQ	EQ	DM	JV
63 Marion	CV	CV	CV	DM	JV
64 Marshall	US	CI	OT	CD	JV

County	Uniform Support US	Equity EQ	Domestic Abuse DA	Civil Docket CD	Juvenile JV
65 Mills	CV	CV	CV	DM	JV
66 Mitchell	CV	CV	CV	DM	JV
67 Monona	CV	CV	CV	CD	JV
68 Monroe	EQ	EQ	EQ	CV	JV
69 Montgomery	CV	CV	CV	DM	JV
70 Muscatine	CV	CV	CV	CD	JV
71 O'Brien	CV	CV	CV	CD	JV
72 Osceola	CV	CV	CV	CD	JV
73 Page	CV	CV	CV	DM	JV
74 Palo Alto	CV	CV	CV	CD	JV
75 Plymouth	CV	CV	CV	CD	JV
76 Pocahontas	CV	CV	CV	DM	JV
77 Polk	US	CE	DA	CD	JV
78 Pottawattamie	CV	CV	CV	DM	JV
79 Poweshiek	EQ	EQ	EQ	CV	JV
80 Ringgold	CV	CV	CV	DM	JV
81 Sac	CV	CV	CV	DM	JV
82 Scott	US	CE	DA	CD	JV
83 Shelby	CV	CV	CV	DM	JV
84 Sioux	CV	CV	CV	CD	JV
85 Story	CV	CV	CV	DM	JV
86 Tama	CV	CV	DA	DM	JV
87 Taylor	CV	CV	CV	DM	JV
88 Union	CV	CV	CV	DM	JV
89 Van Buren	EQ	EQ	EQ	CV	JV
90 Wapello	EQ	EQ	EQ	CV	JV
91 Warren	CV	CV	CV	DM	JV
92 Washington	EQ	EQ	EQ	DM	JV
93 Wayne	CV	CV	CV	DM	JV
94 Webster	CV	CV	CV	DM	JV
95 Winnebago	CV	CV	CV	DM	JV
96 Winneshiek	US	CV	CV	DM	JV
97 Woodbury	CV	CV	CV	CD	JV
98 Worth	CV	CV	CV	DM	JV
99 Wright	CV	CV	CV	DM	JV

CHILD CARE OBLIGATIONS AS CHILD SUPPORT TABLE

Use the following chart to identify whether a state or jurisdiction considers child care obligations child support. Please contact the Bureau of Collections Policy Unit for additional information on states listed with an asterisk (*) in the “Treatment of Child Support Obligations” column.

State	Treatment of Child Care Obligations
Alabama	*
Alaska	*
Arizona	*
Arkansas	*
California	Child Support
Colorado	*
Connecticut	*
Delaware	*
Florida	*
Georgia	*
Hawaii	*
Idaho	*
Illinois	*
Indiana	*
Iowa	Not Child Support
Kansas	*
Kentucky	*
Louisiana	*
Maine	*
Maryland	*
Massachusetts	*
Michigan	Child Support
Minnesota	Child Support
Mississippi	*
Missouri	*
Montana	*
Nebraska	Not Child Support
Nevada	*
New Hampshire	*
New Jersey	*

State	Treatment of Child Care Obligations
New Mexico	*
New York	Child Support
North Carolina	*
North Dakota	*
Ohio	*
Oklahoma	Child Support
Oregon	*
Pennsylvania	*
Rhode Island	*
South Carolina	*
South Dakota	Not Child Support
Tennessee	*
Texas	*
Utah	*
Vermont	*
Virginia	*
Washington	*
West Virginia	*
Wisconsin	*
Wyoming	*

Other United States Jurisdictions	Treatment of Child Care Obligations
American Samoa	*
District of Columbia	*
Guam	*
Mariana Islands	*
Puerto Rico	*
U.S. Virgin Islands	*

RECIPROCITY TABLE

Use this table to determine if the United States or Iowa has reciprocity with a country when international child support enforcement is an issue.

Federal/State Agreement	Country
United States	Australia
United States	Czech Republic
United States	Ireland
United States	Netherlands
United States	Norway
United States	Poland
United States	Portugal
United States	Slovak Republic
United States	Switzerland
United States	Alberta (Canadian Province)
United States	British Columbia (Canadian Province)
United States	Manitoba (Canadian Province)
United States	New Brunswick (Canadian Province)
United States	Northwest Territories (Canadian Province)
United States	Nunavut (Canadian Province)
United States	Newfoundland/Labrador (Canadian Province)
United States	Nova Scotia (Canadian Province)
United States	Ontario (Canadian Province)
Iowa	France
Iowa	Germany
Iowa	Nicaragua
Iowa	Sweden
Iowa	England (United Kingdom)
Iowa	Northern Ireland (United Kingdom)
Iowa	Scotland (United Kingdom)
Iowa	Wales (United Kingdom)
Iowa	Saskatchewan (Canadian Province)
Iowa	Yukon Territory (Canadian Province)